

Do Not Fax



Mahoning County Auditor – Michael V. Sciortino

Fiscal Services Division – ATTN Unclaimed Funds
120 Market Street, Youngstown, Ohio 44503
330-740-2010

The undersigned makes claim to Unclaimed Funds now in the custody of the Mahoning County Auditor's Office in the amount and kind as specified below, pursuant to Chapter 9.39 of the Ohio Revised Code.

**THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY AND SUBMITTED WITH PROOF OF CLAIM.
FAILURE TO DO SO WILL DELAY PROCESSING OF THE CLAIM. CLAIMS ARE USUALLY
PROCESSED WITHIN 10 DAYS OF THE AUTHORIZATION BY THE ORIGINATING AGENCY.**

PLEASE PRINT OR TYPE

Amount of Unclaimed Funds	Pay In Number	Court Case Number
\$		
Owner of the Funds	Owner's Phone Number	
	() --	
Owner's Street Address		
Owner's City	Owner's State	Owner's Zip
Owner's Driver's License or State ID Number	Owner's Social Security or Tax ID Number	

Are you the owner of these funds? (If yes, skip this section)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a professional finder? (If yes, an original Power of Attorney is required.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Claimant's Name	Claimant's Phone Number
	() --
Claimant's Street Address	
Claimant's City	Claimant's State

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Under penalties of perjury, I certify that the information provided on this claim form is true and correct and all supporting documents presented are original or true unaltered copies of the original documents. I also certify that I have a legal or equitable interest in the Unclaimed Funds and will indemnify and save harmless Mahoning County, Ohio, and its employees from any damages, claims or losses of any kind resulting from payment of the above described funds to claimant.

(If claiming on behalf of a business, print and sign both your name and the business name below.)

X Owner's Signature _____ Date _____

X Claimant's Signature _____ Date _____

Please PRINT or TYPE Name _____

State of _____ County of _____

Subscribed and sworn to before me this _____ Day of _____, 20 _____

Notary Public Signature

Notary Seal